

SWANA – Georgia Chapter AWARDS APPLICATION FORM for Collection System

Program/Facility Nominated: _____

Contact Person Name & Title: _____

Address: _____

City, State, Zip/ Province, Postal Code: _____

Phone #: _____

Fax #: _____

Email: _____

Application submitted by (if different than information listed above):

Phone #: _____

Fax #: _____

Email: _____

If selected for an award, how would you like the name of the solid waste worker to read on the award (limit of 50 characters)?

Application Checklist - Please make sure the following items are included in your submittal packet:

*Award Application Form (this form)

*Entry meeting the Application Requirements for the category selected (noted later in this application)

*Entries shall consist of ONE electronic copy of your application in a PDF format emailed to georgiaswana@gmail.com

Release Statement: I certify that the information provided in this application is accurate and correct to the best of my knowledge. SWANA – Georgia Chapter reserves the right to publish the enclosed information. Nominations become the property of SWANA – Georgia Chapter. My signature gives SWANA the right to reprint or make available for purchase any portion of this submittal.

Signature: _____ Date: _____

Application Requirements

Provide answers/information for the following categories:

1. History of the Program (5 points)
 2. Collection System Design and Technology (15 points)
 3. Environmental Controls and Regulatory Compliance (10 points)
 4. Performance, Economics and Cost Effectiveness (15 points)
 5. Employee and Customer Safety (10 points)
 6. Public Acceptance, Appearance and Aesthetics (10 points)
 7. Application Quality (this is a judges category only, not to be addressed in your application) (5 points)
- Your application will be judged on its organization and presentation, and on editorial and technical quality.

All Entries Must Be Postmarked by August 31.

There is NO Application fee for Georgia Chapter Award Submittals.